



2010 SURVEY DATA

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Young Children of South Phoenix

Ensuring Healthy Growth and Development



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THIS REPORT WAS PREPARED BY CHARLES BRUNER AND SYED NOOR TIRMIZI
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Introduction

Family and neighborhood both play key roles in children's healthy development. Children and their families need safe, supportive and inclusive communities where they are welcomed and have the opportunity to explore and learn. Families need support that is reflective of their own backgrounds, cultures and languages which enable their children to take full advantage of the opportunities in a larger world that may be of a different language and culture. Particularly for young children, the world is often very much bounded by immediate neighborhoods.

Over the last two decades, Arizona has led the nation in its overall growth and in the growth and diversity of its young child population. Much of this growth has been through immigration, particularly from Mexico, of young workers who are of the age to start their own families.

In Arizona, there is a concentration of such Hispanic/Latino families within the particular geographic area of South Phoenix. The population here is much younger than Arizona's population as a whole, with a larger proportion of children, and very young children, in particular.

The following is a companion report to a statewide report on the young child portion of the 2010 Arizona Health Survey, sponsored by St. Luke's Health Initiatives and conducted in partnership with First Things First. In addition to the statewide survey of 2,142 Arizona families with children birth through five, a special sample of 595 Hispanic/Latino families from South Phoenix (representing twelve zip codes in the West Valley, Maryvale, Laveen/Southwest Phoenix, Central South, and South Phoenix) was conducted. The zip codes selected for the special sample mirror the zip codes found in the South Phoenix Region as designated by First Things First, Arizona's early childhood development and health agency.

As context for the importance of focusing special attention upon the Hispanic/Latino child population, this report first provides an overview of the growth and change in Arizona's young child population since 1990. It then examines the most recent census data (2000) available on the characteristics of the South Phoenix area in relation to the rest of Maricopa County, the state and the nation.

The body of the report then reviews the survey results for the South Phoenix Hispanic/Latino young child population, both in relation to the larger statewide survey and with respect to differences within the population of South Phoenix Hispanic/Latino children.

Growth and Change: Young Children Leading the Way

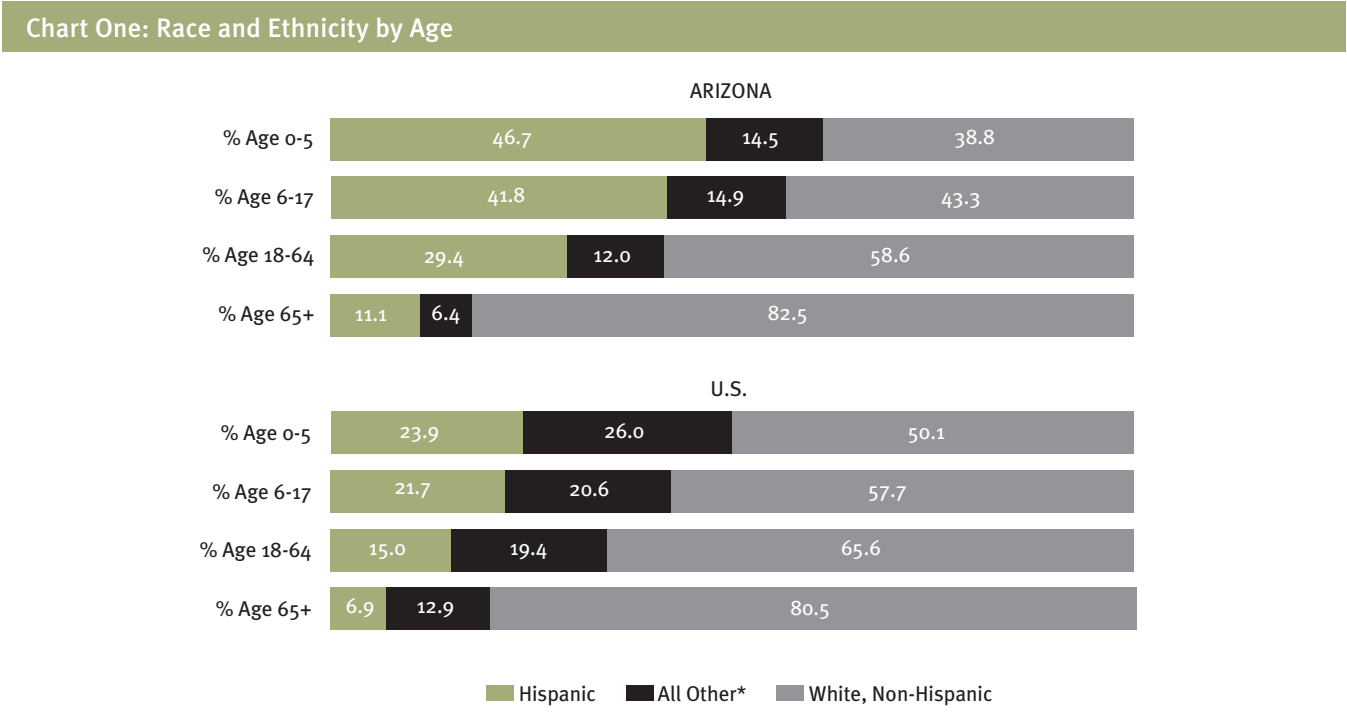
Both in Arizona and the United States, the overall population is becoming more diverse, with young children leading the way. Since 1990, Arizona has grown at nearly triple the rate of the country as a whole (77 percent compared with 23 percent). As Table One shows, in both Arizona and the United States, the growth in the Hispanic/Latino population has contributed to nearly half of this growth, but this differs a great deal by age.

Table One: Arizona and United States Growth, 1990-2009

	ARIZONA				UNITED STATES			
	1990	2000	2009	% Growth /Share	1990	2000	2009	% Growth /Share
Total Population	3,665,228	5,130,632	6,475,485	76.7%	248,709,873	281,421,906	307,006,556	23.4%
Hispanic Population	688,338	1,295,617	1,989,725	189.1%	22,354,059	35,305,818	48,356,760	116.3%
Hispanic Share of Growth				46.3%				44.6%
Child Population (0-17)	981,119	1,366,947	1,704,484	73.7%	63,604,432	72,293,812	74,496,983	17.1%
Hispanic Child Population	265,374	493,143	742,515	179.8%	7,757,500	12,342,259	16,702,619	115.3%
Hispanic Share of Growth				66.0%				82.1%
Working Age Population (18-64)	2,205,335	3,095,846	3,915,925	77.6%	153,863,610	174,136,341	193,002,925	25.4%
Hispanic Working Age	387,688	746,970	1,152,059	197.2%	13,435,276	21,229,968	28,936,568	115.4%
Hispanic Share of Growth				44.7%				39.6%
Senior Population (65+)	478,774	667,839	854,076	78.4%	31,241,831	34,991,753	39,506,648	26.5%
Hispanic Senior Population	35,276	55,504	95,151	169.7%	1,161,283	1,733,591	2,717,573	134.0%
Hispanic Share of Growth				16.0%				18.8%
Child as % of Population	26.8%	26.6%	26.3%		25.6%	25.7%	24.3%	
Working Age as % of Population	60.2%	60.3%	60.5%		61.9%	61.9%	62.9%	
Seniors as % of Population	13.1%	13.0%	13.2%		12.6%	12.4%	12.9%	

In Arizona, two-thirds (66 percent) of the growth in the child population is due to increases in the Hispanic/Latino population, while about half (45 percent) of the growth in the working age population is Hispanic/Latino and less than one-fifth (16 percent) of the growth in the senior population is Hispanic/Latino. Arizona has a significantly higher percentage of its population as children than the country as a whole (26.3 percent compared to 24.3 percent), but only a slightly higher percentage of its population are seniors than the country as a whole (13.2 percent compared to 12.9 percent). This has implications to state and federal relationships, particularly around the federal government supporting education and health services for children. Clearly, Arizona faces special challenges and opportunities due to its rapid growth and the growth in diversity of its child population, in particular.

Chart One provides a chart visually showing the breakout of the population of Arizona and the United States by race/ethnicity and age.



As Chart One shows, while White, non-Hispanic children remain the majority population in the United States, the same is not true in Arizona. The plurality and near majority of young children (0-5) in Arizona are of Hispanic/Latino descent (46.7 percent), twice the rate for the United States as a whole (23.9 percent). Only in the retirement age population (65+) is Arizona less diverse than the country as a whole (82.5 percent White, non-Hispanic in Arizona compared with 80.2 percent in the United States). While the voting age population in Arizona remains only slightly more of color than the country as a whole, its child population is very much more diverse. Clearly, Arizona’s future prosperity and well-being is dependent upon how its child population grows and develops.

South Phoenix: Family and Neighborhood Conditions Affecting Healthy Young Child Development

While Hispanic/Latino families live throughout Arizona, they constitute a very large percentage of the population in the South Phoenix area of Maricopa County. Table Two compares the South Phoenix census tracts with the rest of Maricopa County and the United States as a whole on ten factors that relate to a community's capacity to support children's health, education and safety. It also provides information on the country's most vulnerable census tracts based upon their overall scores on these ten factors.

Table Two: 2000 Census Data on South Phoenix, Rest of Maricopa, Arizona and the United States

	South Phoenix	Rest of Maricopa	Arizona	United States	United States HR
Total Population	330,225	2,741,924	5,130,632	281.4 M	18.9 M
White, non-Hispanic Population	81,653	1,971,748	3,307,866	196.4M	3.4M
% White, non-Hispanic	24.7%	71.9%	64.5%	69.8%	18.0%
Hispanic Population	205,627	557,706	1,295,317	35.4M	7.5M
% Hispanic Population	62.3%	20.3%	25.3%	12.6%	39.7%
10 Risk Factors					
Single Parent Families	32.5%	26.2%	28.1%	27.1%	53.1%
Poor Families with Children	23.1%	10.8%	15.2%	13.6%	41.4%
Adults over 25 Less than High School	43.5%	15.0%	19.0%	19.6%	48.0%
Adults over 25 College Degree	7.3%	27.7%	23.5%	24.0%	7.1%
16-19 Year-olds Not Working or in School	18.3%	8.4%	9.6%	6.0%	15.0%
Head of Household on Public Assistance	9.6%	4.8%	6.5%	7.8%	25.5%
Head of Household with Wage Income	84.5%	78.7%	75.9%	77.7%	69.1%
HoH with Interest/Dividend/Rent Income	14.8%	37.1%	34.6%	35.9%	11.0%
Adults with Limited English	19.7%	6.0%	6.5%	4.6%	17.5%
Owner-Occupied Housing	62.0%	61.1%	59.1%	60.2%	29.6%

As Table Two shows, on most of the ten factors, South Phoenix has substantially less economic and educational resources than the rest of Maricopa County, Arizona, and the country as a whole, although home ownership rates are equivalent and the presence of wage income among households is higher. In particular, the educational background of adults is much more limited, and there are far fewer adults within the neighborhood with college degrees and with wealth (as reflected in income from interest, dividends or rent). These all relate to the current resources within the community to make investments in the future and build wealth. Meanwhile, the rest of Maricopa County fares better than both Arizona and the country as a whole on most of these factors.

In terms of these educational and wealth factors, South Phoenix is comparable to the most vulnerable census tracts in the United States, but its presence of wage income and home ownership is much higher, and its reliance upon public assistance and rate of single parenting much lower. It is primarily low-wage income and limited educational backgrounds of adults that represent challenges for the South Phoenix area to support children and families.

South Phoenix Survey Findings – Demographics and Health Coverage

First, the South Phoenix sample is compared with the statewide sample. All of the South Phoenix sample is Hispanic-Latino, while the statewide sample is representative of the state as a whole.

Table Three provides information on the South Phoenix sample, the statewide sample, and the portion of the statewide sample that is Hispanic/Latino and that is White, non-Hispanic.

As Table Three shows, more than six in ten of the mothers in the South Phoenix Hispanic/Latino population immigrated to the United States. In over one-third of the homes, the only language spoken is Spanish. Over four in ten of respondents did not complete high school. Nearly two-thirds have income levels below poverty. In all these instances, the rates are more than twice and sometimes more than three times higher than found in the statewide survey, and dramatically higher than for the White, non-Hispanic survey respondents, with poverty at almost four times the level. At the same time, most are working.

Despite the presence of poverty in the region, participation in either TANF or food stamps is only moderately higher than for the population as a whole. This may possibly be attributable to some families having undocumented family members, and being fearful of applying for public benefits, even though the child may qualify for benefits if born in the United States.

Like Hispanic/Latino respondents in the statewide survey, the rate of child uninsurance is double that of the White, non-Hispanic young child population, and the South Phoenix children rely in particular upon AHCCCS for their child health coverage.

Clearly, the Hispanic/Latino population with young children within South Phoenix is a much poorer, less educated and less English-fluent population that faces challenges in preparing their children for healthy development and success in school. The majority rely upon some level of support – for medical care for their children and for nutrition through food stamps – to provide for basic family needs. In particular, due to even lower levels of employer-based coverage available to them than Hispanic/Latino families as a whole throughout Arizona, Hispanic/Latino families in South Phoenix rely heavily on AHCCCS for their children's health coverage.

There are further breakdowns that are possible within the South Phoenix survey that can provide additional information. In particular, the South Phoenix survey contains sufficient responses from mothers born in the United States and those born in Mexico to review more recent immigrants with families who have been in the United States for at least a generation. Only 2.3 percent of those who were not born in the United States listed a country other than Mexico as the country of birth; for reasons of size, those respondents were not included in the analysis. Table Four compares the South Phoenix respondents by mother's country of birth on some of the same factors in Table Three.

Table Three: South Phoenix and Statewide Survey Data

	South Phoenix Sub-sample (Hispanic Only)	STATEWIDE		
		Total	White (Non-Hispanic)	Hispanic/Latino
Total Surveys	595	2,148		
Country of Birth – Mother				
U.S.	35.6	67.8	86.5	42.8
Mexico	62.1	24.4	6.9	55.1
Other	2.3	7.8	6.6	2.1
Language Spoken in Home				
English Only	16.5	56.4	79.8	27.4
Spanish Only	35.8	9.7	2.5	21.8
English & Spanish	47.2	26.3	12.4	50.3
English & Other Language	0.5	7.6	5.4	0.5
Highest Grade Completed				
Less than High School	40.7	14.8	6.9	26.1
High School/GED	37.2	23.9	15.0	38.2
Some College/Trade School	13.7	16.8	18.9	14.3
College Degree+	8.6	44.5	59.3	21.4
Work Participation of Adult in Household				
Yes	60.1	85.0	94.3	78.6
No	39.9	15.0	5.7	21.4
Marital Status				
Married	53.6	75.3	83.4	67.0
Living with Partner	21.7	8.5	5.5	12.4
Alone	26.7	16.2	11.1	20.6
Poverty Level				
100% or Below	64.0	25.3	16.5	39.5
100% to 200%	23.5	21.5	18.7	27.4
200% to 300%	9.4	21.1	24.4	14.9
300% or Above	3.1	32.1	40.4	18.1
TANF Participation				
Yes	12.1	7.6	5.0	9.2
No	87.9	92.4	95.0	90.8
Food Stamp Participation				
Yes	58.7	42.0	37.7	46.5
No	41.3	58.0	62.3	53.5
Child Health Insurance Coverage				
Yes	85.0	90.3	93.0	85.8
None	15.0	7.7	4.2	11.3
Employer-based	14.6	48.2	65.9	28.6
AHCCCS	55.2	30.3	15.6	43.7
Other Coverage*	14.2	13.9	14.3	16.4
Rent or Own Home				
Own	40.1	64.2	74.2	51.8
Rent	50.1	31.0	21.5	42.9
Other Arrangement	9.8	4.8	4.3	5.2
Child Health Status				
Excellent/Very Good	75.5	79.1	86.3	68.1
Good/Fair/Poor	24.5	20.9	13.7	31.9
Asthma				
Yes	8.1	7.1	5.0	8.8
No	91.9	92.9	95.0	91.2

* Includes KidsCare, Other Government Plan, or Other Private Plan.

Table Four: South Phoenix Responses by Mother's Birth Origin

	SOUTH PHOENIX-SAMPLE		STATEWIDE		
	Mother Born in US	Mother Born in Mexico	Mother Born in US	Mother Born in Mexico	Total
Total Surveys	206	359	1,434	516	2,148
Respondent Highest Grade Completion					
Less than High School	17.2	53.5	6.4	38.7	14.8
High School/GED	44.3	33.7	20.2	41.6	23.9
Some College/Trade School	19.7	10.0	20.6	10.3	16.8
College Degree+	18.7	2.8	52.8	9.5	44.5
Marital Status					
Married	46.5	55.3	75.8	70.7	75.3
Living with Partner	23.0	22.8	6.7	16.2	8.5
Alone	30.5	21.9	17.5	13.1	16.3
Home Language					
English Only	38.8	3.3	76.5	5.0	56.0
Spanish Only	12.6	48.7	1.8	33.6	9.8
English and Spanish	48.1	41.4	15.8	61.4	26.4
Other	0.5	0.6	5.9	0.0	7.8
Family Work Status					
At Least One Parent Employed	61.6	59.6	87.1	78.1	85.5
Poverty Level					
100% or Below	50.8	72.1	17.9	56.8	25.3
100% to 200%	27.1	21.7	19.2	31.1	21.5
200% to 300%	16.4	5.2	25.8	7.1	21.1
300% or Above	5.6	1.0	37.1	5.0	32.1
TANF Participation					
Yes	19.2	9.2	7.7	4.5	7.6
No	80.8	90.8	92.3	95.5	92.4
Food Stamp Participation					
Yes	64.7	56.8	41.8	43.0	42.0
No	35.3	43.2	58.2	57.0	58.0
Child Health Insurance Coverage					
No Health Insurance	11.8	18.1	7.2	10.6	7.8
Employer-Based	27.5	7.2	56.9	16.3	48.6
AHCCCS	47.5	59.3	24.0	50.4	29.5
Other Coverage*	13.2	15.3	11.9	22.5	14.1
Dental Health Insurance					
Yes	87.4	81.5	82.0	84.0	80.6
No	12.6	18.5	18.0	16.0	19.4
Rent or Own Home					
Own	41.3	37.2	68.8	47.5	64.2
Rent	43.4	56.3	26.2	46.8	31.0
Other Arrangement	15.3	6.5	5.1	5.7	4.8

* Includes KidsCare, Other Government Plan, or Other Private Plan.

As Table Four shows, there are very significant differences between Hispanic/Latino families in South Phoenix whose mothers were born in the United States compared with those born in Mexico. Those born in Mexico are much more likely to have not completed high school and to be living in poverty, but less likely to participate in TANF or food stamps. Their children are most likely to be without health insurance coverage (17 percent), and least likely to have employer-based coverage, instead relying upon AHCCCS or KidsCare for their coverage. Mothers born in the United States were much more likely to have completed high school. This holds promise for children from Mexican-born mothers attaining a higher education than their parents, but there still remain gaps between U.S.-born Hispanic/Latino parental education levels with those of White, non-Hispanic parental educational levels.

Of greatest note, children with mothers who were born in Mexico are the most likely to speak Spanish to their children in the home. (In the majority of cases, it is the *only* language that is spoken in the home.) Research is clear that it is important for parents to talk with their young children using a diverse vocabulary. This does not have to be in English, even if English will be the language that schools expect children to master. Strong language acquisition in the earliest years in any language sets a foundation for future growth and development. Supports to primarily Spanish-speaking households are needed, including information to parents and books to children in Spanish, coupled with encouragement to parents to strengthen the child's acquisition of home language.

South Phoenix Survey Findings – Nutrition Practices and Activities with Children

The 2010 Arizona Survey also asked a number of questions about child nutrition and exercise and about activities engaged in by parents with their young children. These were reported in depth in the first report and are discussed with respect to the South Phoenix sample, below. Here, the South Phoenix sample is broken out by mother's birthplace and the South Phoenix sample is contrasted with the larger statewide survey. Table Five presents this information.

Table Five: Child Nutrition Habits and Parent and Child Act

	SOUTH PHOENIX-SAMPLE		STATEWIDE		
	Mother Born in US	Mother Born in Mexico	Mother Born in US	Mother Born in Mexico	Total
Total Surveys	206	359	1,434	516	2,148
Servings of Juice per Day					
None	22.7	10.3	31.5	16.5	27.7
One	21.1	23.4	28.5	27.3	28.7
Two or More	56.2	66.3	40	56.2	43.6
Servings of Milk per Day					
None	6.2	3.5	8.2	3.8	6.6
One	17.1	13.4	16.9	14.6	16.7
Two	32.6	34.6	28.6	32	31.7
Three or More	44.2	48.4	46.3	49.6	45.6
Soda Servings per Day					
None	66.1	67.3	85.8	71.1	82.1
One	21.3	17.3	10.0	17.9	12.1
Two or More	12.6	15.4	4.1	11.0	5.8
Servings of Sweets per day					
None	43.8	32.3	42.5	37.8	40.9
One	32.0	33.1	38.5	40.2	39.3
Two or More	24.2	34.6	19.1	22.0	19.8
Reading to Child					
Every Day	55.6	53.9	73.2	38.6	65.6
3 to 6	23.4	23.0	20.0	39.1	24.0
1 to 2	17.1	18.8	3.9	17.6	7.1
Never	3.9	4.2	2.9	4.6	3.3
Playing Music or Singing Songs to Child					
Every Day	71.7	67.2	75.8	56.4	71
3 to 6	15.1	12.3	16.3	25.6	18.6
1 to 2	11.7	16.8	6.5	9.8	7.3
Never	1.5	3.6	1.3	8.2	3
Visits to Library a Month					
None	65.9	78.1	50.7	71.9	56.1
1 to 2	20.9	15.1	22.2	12.8	20.5
3 or More	13.2	6.8	27.0	15.2	23.4

All parents want to provide healthy meals for their children, but economics and knowledge about nutrition may limit their ability to do so. On many nutrition and exercise questions (regarding servings of fruits and vegetables, use of fast food establishments and engagement in strenuous physical activity), there was little difference between South Phoenix responses and those for the state as a whole (and these are not shown in the table). Table Five shows there are significant differences, however, in the use of fruit juices, whole milk (as opposed to nonfat or low-fat milk), sweets and sodas as part of a young child's diet. While all groups provide more than the recommended amount of fruit juices (nutrition guidelines are that young children have no more than one four-to-six ounce serving of juice per day, and only at a meal), this is even more prevalent among South Phoenix Hispanic/Latino respondents, most prominently among those with mothers born in Mexico. Similarly, whole milk (as opposed to nonfat or lowfat milk) and multiple sweets are more commonly provided to young children in the South Phoenix/Latino sample.

Nationally, there is a higher prevalence of obesity and diabetes among Hispanic/Latino children than among White, non-Hispanic children. Eating in the earliest years not only affects the child's body weight at that time; it also sets nutritional patterns into the future. Fortunately, when parents have nutrition information and the economic support to provide nutritious meals, they make adjustments to the meals and snacks they serve their youngest children. As the results from Table Five suggest, there are opportunities to provide such nutrition information, education, and support, with a particular emphasis on providing the information in Spanish and through communications channels used and trusted by the Hispanic/Latino population.

Similarly, the South Phoenix respondents report they are less likely to read to their children every day, although their playing of music and singing is comparable to the statewide population as a whole. Parents with very limited reading backgrounds themselves still can read and explore books with their children—a very valuable pre-literacy activity. Again, public education efforts, and the availability of young children's picture books in Spanish and featuring Hispanic/Latino people and stories are ways to increase such activities within Hispanic/Latino homes, particularly those where Spanish is the primary language. Similarly, while libraries are used frequently by a minority of all young children and their families in Arizona as a whole, their use among South Phoenix respondents is particularly low. Libraries can be hubs for information, resources and child activities and there is a growing number of “family place libraries” emphasizing their role in supporting parents. Strengthening such hubs within South Phoenix could help increase language, pre-literacy, and nutrition and social support activities for young children and their families.

Conclusion

Arizona is growing in both size and the diversity of its population, and young children are leading the way. South Phoenix and its Hispanic/Latino community is at the center of much of this growth and change, with both families who have recently immigrated and those that are raising a third or greater generation of Arizonans.

The survey shows that Hispanic/Latino families with young children in South Phoenix are in the workforce in even greater proportions than families with young children in the state as a whole, but are also much more likely to be in poverty or near poverty and to lack health insurance coverage for their children. Families whose mothers were not born in the United States generally have limited parental education and limited English proficiency, while those who are second generation parents generally have been successful at least through high school.

While there are many economic issues these families and their children face that also require response, there are health, nutrition, and child development issues that deserve substantial attention and lend themselves to effective action. Many involve community health and education activities that can and should build upon existing social structures and connections within the South Phoenix Hispanic/Latino communities.

About the Authors

Charles Bruner

Charles Bruner serves as Executive Director of the Child and Family Policy Center, a nonprofit organization established in 1989 “to better link research and policy on issues vital to children and families.” He holds an M.A. and Ph.D. in political science from Stanford University, and received his B.A. from Macalester College. He served twelve years as a state legislator in Iowa.

Through the Child and Family Policy Center, Bruner provides technical assistance to states, communities, and foundations on child and family issues. He heads the State Early Childhood Policy Technical Assistance Network (SECPTAN). Through SECPTAN, Bruner has produced a number of policy briefs on early learning and school readiness, including *Seven Things Policy Makers Need to Know About School Readiness*, *The ABC’s of Planning and Governing Early Childhood Services*, *Beyond Parallel Play: Coordinating State and Community Strategies to Improve School Readiness*, and *Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society*.

Bruner also serves as the national research and evaluator director for the Build Initiative, funded by a consortium of foundations and designed to help states develop comprehensive and accountable early learning systems. Most recently, Bruner completed a series of reports for the Build Initiative on federal funding streams supporting early learning and options for providing states greater flexibility in using those funding streams to improve children’s health and readiness for success in school.

Syed Noor Tirmizi

Syed Noor Tirmizi earned his Ph.D. in Sociology, with a minor in Statistics, from Iowa State University (ISU) in August 2005. Tirmizi serves as Senior Research Associate for the Child and Family Policy Center, a position he has held since 2003. He is an expert in large set data analysis and responsible for all quantitative data analysis conducted by the Center on original data sets. Tirmizi also has headed CFPC’s geo-coding and geo-mapping work, including collaborating with Dr. Bruner in producing a report on all census tracts in the country by their child-raising vulnerability, *Village Building and School Readiness*.

About the Funders

First Things First

First Things First was created in 2006, when Arizona voters – through Proposition 203 ballot initiative – decided to set aside 80 cents from each pack of cigarettes sold in order to fund the expansion of education and health programs for children 5 years and younger. Under the terms of the proposition, decisions about how to best use the funds are made on a per-region basis by 31 councils made up of local leaders. The statewide board – which has final approval of the councils’ recommendations – is responsible for ensuring that the funds are used on programs proven to work at improving outcomes for children. For additional information, please visit www.azftf.org.

SLHI

St. Luke’s Health Initiatives (SLHI) is a public foundation focused on its role as a catalyst for community health in Arizona since 1995. SLHI principally connects people, ideas and resources; functions as a message framer and non-partisan thought leader; and leverages investment opportunities for positive social change. Throughout its history SLHI has been, and will continue to be, a learning community, focused on applying strength-based approaches in the areas of health policy, technical assistance and community development. For additional information, please visit www.slhi.org.